



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

Insurance Division – Financial Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1135
(615) 741-6796
ssmith9@mail.state.tn.us

**APPLICATION FOR AMENDMENT TO CERTIFICATE OF
AUTHORITY PACKET**

**ALL APPLICATION, FORMS AND FEE OF \$90.00
SHALL BE MAILED TO THE FOLLOWING ADDRESS:
Tennessee Department of Commerce and Insurance 500 James Robertson Parkway
Insurance Division – Financial Section – 4th Floor
Nashville, Tennessee 37243-1135**

When Making Application. The following documents are required to be submitted to receive an amendment to Certificate of Authority

1. Surrender current Tennessee Certificate of Authority
2. Completed Application for amendment of Tennessee Certificate of Authority
3. Copy of laws from domestic state which allows the company to write the line of business requested
4. A copy of Certificate of Authority from domicillary State
5. A copy of Certificate of Compliance from domicillary state
6. Provide a business plan of operation in Tennessee
7. A copy of most recent financial statement
8. Any additional information that the applicant feels is necessary to expedite the process.
9. A check for \$90.00

NOTE: Additional information may be requested upon review of this application.



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Financial Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1135
(615) 741-6796

APPLICATION FOR AMENDMENT TO CERTIFICATE OF AUTHORITY

General Information

Company Name: _____

Mailing Address: _____

Domicillary State: _____

Type of Company: _____
(Stock, Mutual, Etc.)

Commenced Business: _____

Financial Information: (According to **the most current Annual Statement** filed with this department.)

Assets: \$ _____

Liabilities: \$ _____

Capital: \$ _____
(Less Treasury Stock)

Surplus: \$ _____

Check Additional Classes Applying For:

Life Companies:

Life _____

Disability _____

Credit _____

Variable Contracts _____ (Company must have three years experience in Tennessee)

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Financial Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1135
(615) 741-6796

Property Companies:

Property _____

Casualty _____

Vehicle _____

Surety _____

Note: (1) Classes of insurance are defined in Section 56-2-201, Tennessee Code Annotated

Note: (2) Variable contract approval will be contingent upon approval from the actuarial section of this department and the company having three years operating experience.

Note: (3) No individual line or class of insurance may be written in Tennessee, unless the company has the authority in its domiciliary state.

Note: (4) It is understood and agreed that the department may make such examination of the applicant, at applicant's expense, as deemed necessary.

Principal Officer

Subscribed and sworn before me, a Notary Public,

within and for the above named State and County,

by the above named affiant, personally known to me,

This _____ day of _____, A.D., 19 _____

Notary Public
My Commission Expires:
